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May 14, 2009

James M. Illig, President
San Francisco Health Commission
101 Grove Street
San Francisco, CA 94102

Re: Serosorting

Dear President Illig:

The Human Rights Commission's Lesbian Gay Bisexual Transgender Advisory Committee recently held a hearing on serosorting, the practice of selecting one's significant other or sexual partner on the basis of the other party's HIV serostatus and more specifically as it relates to the use of public funds for public health campaigns.

This issue was brought to our attention because of campaigns by the Department of Public Health encouraging serosorting and similar campaigns by the San Francisco AIDS Foundation partially funded by public financing. Based on information we have received as outlined below, we recommend the Public Health Commission consider holding a hearing on this topic.

In the hearing the Committee heard from individuals who had suffered from discrimination based on HIV status or deselected someone as a friend or potential love interest due to the practice of serosorting. The Committee also heard from sero-discordant couples who had very active but safe sexual lives and who also felt they had met the "love of their life." They voiced concerns that if an active serosorting campaign had occurred prior to their meeting they might never have met, and therefore been denied the joys that a long-term relationship can bring.

Members of the public spoke generally about the potential for stigmatization of people with HIV in some public health campaigns. In the Health Department's campaign for serosorting, and in some other campaigns, a message may be being sent that it is wise to stay away from people with HIV, especially sexually. Also, the Committee heard testimony that people with HIV are sometimes alluded to as irresponsible, further creating stigmatization.

Our concerns had only been in regards to the potential of discrimination and stigmatization as they relate to serosorting, but our research raises questions about potential negative health impacts of serosorting in regards to the spread of the HIV virus. As these health-related concerns are not in our jurisdiction, we would welcome the opportunity to discuss with you our concerns and those of the members of the public who spoke to our Committee.

We commend the Department of Public Health's desire to promote behavior that lessens the potential of HIV seroconversion. In particular, we support the drive to promote a broader dialogue about how and when people disclose their serostatus. However, we strongly urge the Department to make a concerted effort to engage all segments of the community in devising and test-marketing HIV campaigns, with particular attention given to the potential for such campaigns to heighten stigma associated with being HIV-positive.

We look forward to your response.

Sincerely,

Cecilia Chung
Commission Chair



25 Van Ness Avenue
Suite 800
San Francisco
California 94102-6033



TEL (415) 252-2500
FAX (415) 431-5764
TDD (415) 252-2550
www.sfgov.org/site/sfhumanrights



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